

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County SCOTT
Township RICHLAND
City NEAR SIRESTON, Mo.

Registration District No. 821
Primary Registration District No. 6070

File No. 12320
Registered No. _____
St. _____ Ward)

2. FULL NAME NEWTON FULKERSON

(a) Residence, No. _____ St., _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV-15-1854
7. AGE YEARS 75 MONTHS 2 DAYS 0 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF BERBA FULKERSON (OR) WIFE OF _____

12. BIRTHPLACE (CITY OR TOWN)... GOLCONDA ILL (STATE OR COUNTRY)

13. NAME JIMMIE FULKERSON

14. BIRTHPLACE (CITY OR TOWN)... UNKNOWN (STATE OR COUNTRY)

15. MAIDEN NAME PRISCILLA FLOYD

16. BIRTHPLACE (CITY OR TOWN)... UNKNOWN (STATE OR COUNTRY)

17. INFORMANT MRS. JOHN HEALY (ADDRESS) SIRESTON, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE BLODGETT CEMETERY 1/16/33

19. UNDERTAKER J. R. Dempster (ADDRESS) SIRESTON, Mo.

20. FILED 1/10 1933 Malcolm Edman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1933

22. HEREBY CERTIFY That I attended deceased from Aug 10, 1932 to Jan 15, 1932

I last saw him live on Jan 15, 1932 Death is said to have occurred on the date stated above, at 2:30 a. m.

The principal cause of death and related causes of importance were as follows:

myocarditis
950
93111
Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

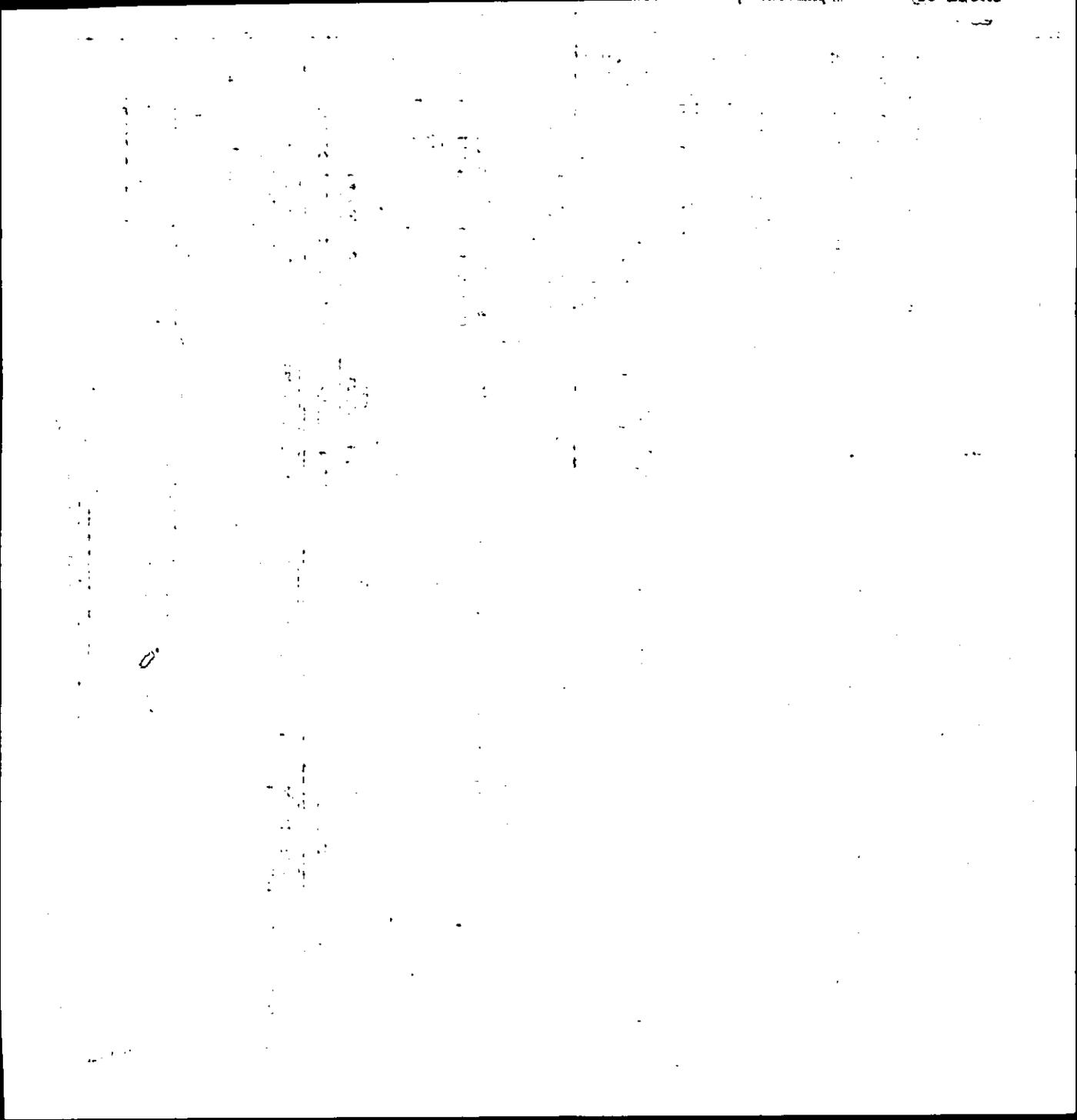
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify John O'Connell, M. D.

(Signed) Malcolm Edman (Address) Sireston Mo



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Scott Registration District No. 821 File No. _____
 Township Richland Primary Registration District No. 6070 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Newton Fulkerson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 - 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
X 78 7 10L

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1933
 22. I HEREBY CERTIFY that I attended deceased from _____ to _____, 19____.
 I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____.
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

19. UNDERTAKER (ADDRESS) _____
 20. FILED 3/10/33 M. E. Davis Registrar

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) _____, M. D.
 (Address) _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-4320